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PETER N. PERRETTI, JR.
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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY STATE BOARD OF DENTISTRY
DOCKET NO.

In the Matter of:)
Ronald P. Petrosky, D.D.S.)
Licensed to Practice Dentistry)
in the State of New Jersey)
Administrative Action
CONSENT ORDER

This matter was opened to the New Jersey State Board of Dentistry upon receipt of patient complaints from Albert J. O'Neill, III on behalf of his wife, Patricia O'Neill, and Maryann Manno, concerning the dental services rendered by Dr. Ronald P. Petrosky. The Board thoroughly reviewed the entire record in these matters including the patient records provided by Dr. Petrosky. This review disclosed that Dr. Petrosky submitted claims to an insurance company on behalf of Patricia O'Neill for crowns on teeth No. 4 and 15 and was paid dental benefits by the insurance company when, in fact, the crowns were never completed. This review further disclosed that the treatment rendered to Maryann Manno consisting of the placement of post and cores on teeth No. 4 and 5 splinted with a two unit fixed bridge was ill conceived and, in fact, failed in view of the fact that there existed a fractured root canal.

In order to resolve this matter without recourse to formal proceedings and for good cause shown;

461.50
1350.00

1811.50

IT IS ON THIS 2nd DAY OF August, 1989,

HEREBY ORDERED AND AGREED THAT:

1. Dr. Petrosky shall make restitution to Metropolitan Life Insurance Company on behalf of Patricia O'Neill in the amount of \$461.50 by submitting a certified check or money order in the aforesaid amount made payable to Metropolitan Life Insurance Company to the State Board of Dentistry at 1100 Raymond Boulevard, Room 321, Newark, New Jersey 07102, within thirty (30) days of the entry date of this Order.
2. Dr. Petrosky shall make restitution to Maryann Manno in the amount of \$1,350.00 by submitting a certified check or money order in the aforesaid amount made payable to Maryann Manno to the State Board of Dentistry at 1100 Raymond Boulevard, Room 321, Newark, New Jersey 07102, within thirty (30) days of the entry date of this Order.
3. Dr. Petrosky is hereby assessed a civil penalty in the amount of \$5,000.00 to be submitted by certified check or money order payable to the State of New Jersey to the State Board of Dentistry at 1100 Raymond Boulevard, Room 321, Newark, New Jersey 07102, within sixty (60) days of the entry date of this Order.
4. Dr. Petrosky shall cease and desist from the submission of any insurance claims on behalf of patients which are misrepresentative of the service rendered or of charges made.

I have read the within Order. I hereby agree to the form and entry of this Consent Order and I agree to be bound by its terms and conditions.

Ronald P. Petrosky
RONALD P. PETROSKY, D.D.S.

Samuel Furman
SAMUEL FURMAN, D.D.S.
PRESIDENT
STATE BOARD OF DENTISTRY